

48

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
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48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

CLAIMS ONLY							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
		AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT					
		IND	DEP	IND	DEP	IND	DEP			IND	DEP
10	1		1							51	
	2		1							52	
	3		1							53	
10	4	1								54	
	5		1							55	
	6		1							56	
	7		1							57	
	8		1							58	
	9		1							59	
	10		1							60	
	11		1							61	
1	12	1								62	
	13		1							63	
	14		1							64	
	15		1							65	
	16		1							66	
	17		1							67	
	18		1							68	
	19		1							69	
1	20	1	1							70	
	21									71	
	22									72	
	23									73	
	24									74	
	25									75	
	26									76	
	27									77	
	28									78	
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	32									82	
	33									83	
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	39									89	
	40									90	
	41									91	
	42									92	
	43									93	
	44									94	
	45									95	
	46									96	
	47									97	
	48									98	
	49									99	
	50									100	
TOTAL IND.		89						TOTAL IND.			
TOTAL DEP.		21						TOTAL DEP.			
TOTAL CLAIMS		108						TOTAL CLAIMS			